Department of Mental Health and Mental Retardation
Office of Deaf Services

Complying With New Standards for People Who Are Deaf or Hard Of Hearing: Key Points for Providers to Remember

The Office of Deaf Services is responsible for developing and implementing programs that meet the linguistic and cultural needs of DMH/MR's consumers who are Deaf or hard of hearing. Services are designed to be affirmative and supporting to consumers who traditionally have not been able to benefit from services offered by the department. This paper is intended to give guidance to providers on how to comply with the newly promulgated standards for serving people who are Deaf or hard of Hearing.

General Guidelines

People who are deaf are not homogeneous. Their needs are individual and unique. Communication styles and modes vary – from spoken English to fluent American Sign Language to near alingualism. Some consumers will be able to function adequately with a hearing aid; others rely totally on signing. A few deaf consumers will have excellent reading and writing skills, many others will be functionally illiterate. All require careful planning and consideration of their individual needs. These standards are considered to minimum necessary to ensure that consumers are given every chance to move forward with their recovery.

People with any significant measure of hearing loss will benefit from program modification. The more significant the hearing loss the more the program will need to be modified.

This report condenses the changes in the Program Standards as they apply to deaf and hard of hearing people. There are several global things to keep in mind that will greatly assist in complying with these standards.

- Remember that deaf people rely on their eyes for communication, not their ears. ***"If a hearing person can hear it, a deaf person should see it"*** is a good rule of the thumb.

- Expressive and receptive communication skills may not be symmetrical. Simply put, just because you understand the deaf person it should not be assumed the deaf person understands you.

- Every deaf consumer should have a communication assessment done and providers may wish to consider having a communication assessment done for consumers who are hard of hearing. Many of the accommodations needed are the same.

- Training of staff is vital to developing culturally affirmative services.

- Through the Office of Deaf Services, technical assistance, consultation, and training is available to you.

In this paper, relevant sections of the community program standards are quoted and explained. The list is not exhaustive, but the major points are covered. Also attached is a brief monograph on deafness and deaf people. Contact information for the Office of Deaf Services and the Regional Offices can be found at the end of this paper.

Section 2000 OPERATIONAL REQUIREMENTS

Standard 2209

Staff who provide services primarily to specific subgroups (such as children, elderly, and people who are deaf/hard of hearing) shall have specialized training/experience to work with such subgroups or shall receive supervision by a staff member with specialized training/experience.

We will be looking to see if staff working with deaf people have received training either from the Office of Deaf Services (ODS), the Regional Coordinators or another approved agency with expertise in Deafness (such as Rehabilitation Services or the Alabama Institute for the Deaf and Blind). To facilitate meeting this standard the Office of Deaf Services will hold periodic training. Announcement of training will be distributed to all mental health centers.

Section 3000 CLINICAL STANDARDS

Standard 3200

.6 *Each program will have procedures in place to assure that this statement of rights is made available by translation or interpretation to consumers with limited English proficiency, including those who are deaf.*

.9 To be fully informed, on an individual basis, when needed, concerning services provided, with information presented in a setting and in the language the consumer prefers and in terms appropriate to the consumer's condition and ability to understand

Mental Health Centers should have a written procedure for assuring that consumers who do not speak English (including Deaf people) have a version of the statement of rights in alternative languages formats. (Tip: for Deaf people, this could be a videotaped version of a bi-lingual deaf person signing the statement or through a highly skilled interpreter. For other LEP persons it could be having an agreement with Language Line for live interpretation.)

For consumers who are deaf, mental health centers are strongly encouraged to have communication assessments done in order to help them tailor adaptations to meet the consumer's needs. It should not be assumed that the deaf person can read English, has speechreading skills, or understands what is said to them. A majority of our Deaf consumers will be functionally illiterate and written communication is not the best approach. Communication assessments are done by people who are trained to analyze communication. Contact the Office of Deaf Services if assistance in this area.

The standards stress access to appropriate communication that facilitates recovery. As such there are numerous places where the language will parallel this area.

.12 To have access to and privacy of mail, telephone communications, and visitors for all consumers in residential or inpatient programs, unless legally restricted.

MEASUREMENT CRITERIA:
Do consumers who are deaf or hard of hearing have ready access to a TTY in order to receive and make telephone calls?

A TTY (Text Teletype) is a special device that allows people who have trouble hearing to communicate over the telephone by typing. It is also referred to as a TDD or TT. (DMHMR, in

deference to the express wishes of the Deaf Community, has standardized the use of the acronym TTY.) A TTY needs to be accessible to deaf people who use it. Not all deaf people do. When there is doubt there should be a consult report, including a communication assessment. A policy for using the TTY consistent with policies for a hearing person using a phone needs to be in place.

> *.17 To be accorded human respect and dignity on an individual basis in a consistently humane fashion.*
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> *MEASUREMENT CRITERIA:*
> *Treatment and care are provided to each consumer in a linguistically and culturally appropriate manner.*

The standards frequently refer to "culturally and linguistically appropriate." By this we mean that treatment is provided in the language the consumer prefers and by people who have, by training or experience, possess a working competency in the culture of the consumer. In the case of deaf consumer adaptive equipment needs to be made available. Not all devices are necessary or appropriate for all consumers. Individualized communication assessments will provide guidance for program staff.

Each center will need written policies to assure that interpreters are available and that staff are aware of deaf people's unique need for program accommodation. Interpretive services may be reimbursed according to the 1 October 2003 memo titled *Guidance on Procedures for Accessing Funds for Interpreter Services* that was distributed to all mental health centers. This information is also available on the web at http://www.mh.state.al.us/services/mi/DeafServices/main_DeafServicesDocuments.asp

Standard 3308

> *The Review of Treatment Plan component of the PI system includes a process for an ongoing review of the treatment planning process to include the implementation of treatment services to ensure adequacy and appropriateness of the process and of the treatment received by each individual. The treatment plan review component shall include, at a minimum, the following characteristics:*
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> *.1 Includes and describes the process for conducting a clinical review of a sample of all direct service staff records every 12 months to determine that the case has been properly managed. The review shall include an assessment of the following:*
> *(d) collaterals involved as needed, including linguistic support services for people who are deaf or limited English proficient.*
> *(e) treatment plan modified (if needed).*
>
> *.7 A treatment plan that:*
> *(b) Specifies services necessary to meet the consumer needs, including linguistic support services for people who are deaf or limited English proficient.*

Deaf consumers ITP should indicate a communication assessment, how linguistic access is provided, and adaptive equipment needed to facilitate the highest level of independence the consumer can have. The treatment program will usually need modification to allow for visual alerts, longer learning curves, and unique needs for socialization. This is further addressed in part 7.

EVERY CONSUMER SHALL HAVE THE RIGHT TO PARTICIPATE IN THE TREATMENT PLANNING PROCESS, WITH MATERIAL INVOLVED IN THE PROCESS PRESENTED IN LANGUAGE APPROPRIATE TO THE CONSUMER'S ABILITY TO UNDERSTAND.

.8 Each consumer and significant other (with the consumer's consent) are invited to actively participate in the formulation and modification of the individual treatment plan. The treatment planning process includes the consumer's signature/mark on the treatment plan to document the consumer's participation in developing or revising the plan, unless clinically contra-indicated. If the consumer agrees to involve significant others in the treatment planning process, a release of information for that party(ies) is (are) signed by the consumer.

MEASUREMENT CRITERIA:
Each program shall provide the consumer information regarding his/her treatment in the language the consumer prefers and in terms appropriate to the consumer's condition and ability to understand.

.9 Written assessments of the consumer's progress in relation to the Treatment Plan:

(j) Documentation that consent was obtained through interpretation or translation when the consumer is deaf or limited English proficient.

DMHMR expects that consumers have an active role in treatment planning. This means that the team will need to make sure that communication is accessible at the meeting. The Regional Coordinator of Deaf Services can assist in this planning and in arranging communication access. Providers should consult with the RCD to determine what accommodations are necessary. The consumer's record should indicate that this consultation was provided and that consent was obtained using the most appropriate communication method for that particular consumer. For example if a deaf person's most comfortable form of communication is Sign Language the record should show that an interpreter was present.

Standard 3501

Seclusion and restraint may not be used in lieu of effective communication with consumers who are deaf, hard of hearing, or have limited English proficiency. In the case of consumers who are deaf and who use sign language to communicate, restraints must not be applied in a way that does not leave at least one hand free to sign.

.1 Any history of sexual or physical abuse {would} place the individual at greater psychological risk during restraint or seclusion. If the consumer is deaf and uses sign language, provision must be made to assure that access to effective communication will be made and that techniques used will not deprive the consumer of a method to communicate in sign language.

MEASUREMENT CRITERIA:
Consumer records for deaf consumers document that techniques did not deprive the consumer of the ability to communicate.

.3 In the event that a person who is deaf, hard of hearing, or limited English proficient must be restrained, effective communication in sign language or the language of the consumers choice

must be established by: 1) a bi-lingual staff member fluent in the language of the consumer's choice, or, 2) a qualified interpreter..

MEASUREMENT CRITERIA:
Records for consumers who are deaf, hard of hearing or limited English proficient document linguistic support during use of seclusion and restraint.

People in restraint need to have unencumbered communication. Providers need to be sure that when they have to restrain someone at least one person there has to be able to communicate with the consumer. There is a great document from NASMHPD that goes into this in detail. (NASMHPD. 2002. *Reducing Seclusion and Restraint Part III: Lessons from the Deaf and Hard of Hearing Communities.* Arlington, VA: National Association of State Mental Health Program Directors) Basically a deaf person who is in restraint is often rendered "mute" or "gagged" because they are deprived of a communication avenue. Further, many deaf consumers have a history of sexual and/or physical abuse. The use of restraints is extremely traumatizing because of the double whammy of not being able to communicate while in restraints and flashbacks to old incidents. This document is available through the Office of Deaf Services. Providers need to be acutely aware of these factors.

Throughout this section and section 3600 the emphasis is on making sure that the consumer understands what is happening and why. While not quoted exhaustively in this document, providers should be aware that throughout these sections they must go beyond superficial communication. It is critical that centers have effective policies dealing with how seclusion and restraint will be used with deaf consumers in place. Consult the Regional Coordinator for further information.

Section 4000 SERVICE STANDARDS

Standard 4100

Consumers who are deaf will have communication access provided by bi-lingual staff fluent in sign language or by a qualified interpreter.
Programming will be modified to provide effective participation for all consumers who are deaf or hard of hearing.

MEASUREMENT CRITERIA:
Programming permits effective participation for consumers who deaf/hard of hearing.

Important note: When possible, it is recommended that Qualified Mental Health Interpreters, as defined in Chapter 580-3-24 of the Code of Alabama. Alabama state law requires that interpreters working in the state must hold either a license or permit. It is DMHMR's positions that, in general, only licensed interpreters may be used with certain exceptions.

Standard 4213

Consumers who are deaf will have communication access provided by bi-lingual staff fluent in sign language or by a qualified interpreter. Programming will be modified to provide effective participation for all consumers who are deaf or hard of hearing.

MEASUREMENT CRITERIA:

Services to consumers who are deaf were provided by a bi-lingual staff member (or by a qualified interpreter.

Standard 4307

Consumers who are deaf will have communication access provided by bi-lingual staff fluent in sign language or by a qualified interpreter. Programming will be modified to provide effective participation for all consumers who are deaf or hard of hearing.

MEASUREMENT CRITERIA:
Services to consumers who are deaf were provided by a bi-lingual staff member or by a qualified interpreter.

Programming permits effective participation for consumers who deaf/hard of hearing as evidenced by the treatment plan.

As with the preceding standards, the emphasis is on empowering the consumer through the most effective communication approach possible. Centers should be aware that Regional Coordinators are available to assist them. In some cases video conferencing can be used as a method of meeting some of these requirements.

Standard 4503

Case Management Services must be provided by a staff member who has completed a DMH/MR approved Case Management Training Program and infection control training. Case managers who work with deaf consumers must complete training by DMH.MR Office of Deaf Services.

MEASUREMENT CRITERION:
Personnel records of the case managers document the required training.

Standard 4504

Case management services for consumers who are deaf must be provided in a linguistically appropriate manager. by: 1) bi-lingual case manager fluent in sign language, 2) with a qualified interpreter. Additionally case managers working with deaf or hard of hearing consumers must have competed training by DMH/MR Office of Deaf Services.

MEASUREMENT CRITERIA:
Case management services are provided to deaf consumers either by a bi-lingual case manager fluent in sign language or with a qualified interpreter.

We will be offering training to case managers who work with deaf consumers in the winter. DMHMR will defer enforcement of this particular standard until the training has been provided in all four regions. This will happen late this fall and early in the winter.

Having the training, however, is not a substitute for having an interpreter, unless the case manager is themselves fluent in American Sign Language, as measured by some recognized instrument such as the Signed Communication Proficiency Inventory, or the Registry of Interpreter for the Deaf interpreter certification test. (Consult the Regional Coordinators of Deaf Services for recommendations. If not fluent, case managers should always use interpreters. The standard for case managers necessarily has to be higher than for other people since they often do counseling as part of their work.

Standard 4602

There is a 24 hour per day 7 day per week capability to respond to an emergency need for mental health services for enrolled consumers. Such capability shall include:

.3 adequate provision for handling special and difficult cases, e.g. violent/suicidal, deaf, or other limited English proficient.

Centers should have developed a procedure addressing the communication needs of deaf consumers in crisis. There are many ways this can be done and the communication assessment will be able to give guidance on how best to accomplish this.

Standard 4708

Residential programs shall provide or arrange access to a wide range of services. The following services, at a minimum, should be either provided in-house or arranged for by the residential staff, depending upon the needs of the individual consumer:

MEASUREMENT CRITERIA:
The consumers' records indicate the provision of communication access for deaf or hard of hearing consumers consistent with programming offered by the home.

Standard 4722

There shall be adequate room for private visits with relatives and friends, for small group activities, and for social events and recreational activities.
In homes occupied by deaf or hard of hearing consumers a TTY must be provided present in order to allow the consumer to make and receive telephone calls.

Standard 4722

Radios, television, books, current magazines and newspapers, games, etc. shall be available for consumers. In homes occupied by deaf or hard of hearing consumers television will have working closed caption decoders and such decoders will be turned on.

The general rule of the thumb is the more intensive the services, the greater the need for communication access. At a minimum there needs to be adaptive equipment. Specifically, adaptive equipment needs to provided for: 1) fire alarm; 2) door knock; closed captioning on the TV; and a TTY unless the consumer does not use one or has enough residual hearing that they ordinarily use a regular or amplified phone. This can be determined through communication assessment.

All TVs 19" and larger have closed-caption decoders built in. Home staff should know how to turn captions on and captions should be left on when deaf consumers are present. This last requirement will benefit any consumer who needs to improve their reading ability.

Standard 4729

An adult residential care home with basic specialized services must meet the following criteria:

.3 The program shall provide specialized services that are based on the admission criteria as referenced in the program description. Programs serving deaf or hard of hearing consumers will provide effective communication access consistent with level of programming provided

Throughout the residential standards section (Standards 4729 – 4734) this language is repeated. It simply means that the more programming that is provided by the home the more critical it is to have culturally and linguistically competent staff. Behavioral group homes, for example, are expected to provide a high level of programming and therapeutic intervention. This cannot be accomplished without staff who are fluent in the consumer's preferred language or communication method. On the other hand, RCH-Basic homes provide less programming and it might be appropriate to have an interpreter present for home meetings, disciplinary actions, and other critical meetings, but not necessarily have signing staff at all hours in the home. Consult with the Regional Coordinator of Deaf Services for specifics.

5000 DESIGNATED MENTAL HEALTH FACILITIES

Standard 5106

Services must be available and accessible including effective communication access for consumers who are deaf, hard of hearing, or limited English proficient to enrolled consumers 24 hours per day/seven days per week in a manner and at locations that are most conducive to consumers' compliance with treatment and supports. (Note: It is not necessary that a member of the ACT team be on call at all times.)

Standard 5108

Records of consumers who are deaf or limited English proficient indicate that services are provided by: 1) bi-lingual team members fluent in the consumer's preferred language, or, 2) with a qualified interpreter.

If a deaf person is being served by an ACT team all the previous expectations regarding communication access still apply. Because ACT teams also respond to crisis calls, some planning for how to provide this access must take place before it is needed. Technology makes it possible now that some of this can be provided through web-based video conferencing in some situations. This will, necessarily, be limited to places that have broadband internet access (such as DSL or Cable modem.) Interpreters can also accompany the ACT team on home visits.

Conclusion

It is not the intent of these standards to be unduly difficult to follow. In fact, most accommodations needed are readily identified through the planning process. Additionally, the Office of Deaf Services, through the Regional Coordinators, is available to provide training and technical assistance when requested by the mental health centers.

Critical information can be gleaned from the following publications:

Glickman, Neil and Gulati, Sanjay (ed) 2003. Mental Health Care of Deaf People: A Culturally Affirmative Approach. Mahwah, NJ. Lawrence Erlbaum Associates, Publishers.

NASMHPD. 2002. Reducing Seclusion and Restraint Part III: Lessons from the Deaf and Hard of Hearing Communities. Arlington, VA: National Association of State Mental Health Program Directors.

Critchfield, A.B.. 2002. Meeting the Mental Health Needs of Persons Who Are Deaf. Washington, DC.: National Association of State Mental Health Program Directors.

Glickman, Neil and Harvey, Michael. 1996. Culturally Affirmative Psychotherapy with Deaf Persons. Mahwah, NJ. Lawrence Erlbaum Associates, Publishers.

Regional Coordinators of Deaf Services with Areas of Responsibility

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Etowah County
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Chilton County
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Marengo County
Sumter County
Cullman County
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Lamar County
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Perry County
Wilcox County
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Butler County
Coffee County
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